

SECTION IV. Survivor Information

In the event of the death of the Purchaser, all rights and obligations of this contract transfer to the Survivor. If no Survivor is provided, all rights and obligations will automatically transfer to the Student Beneficiary.

NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

ADDRESS ☐ Same as Address in Section I

Number and street, including apartment number

City State Zip

SOCIAL SECURITY NUMBER (Or TAX ID #) _____ E-MAIL ADDRESS _____

HOME TELEPHONE

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

WORK TELEPHONE

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

EXT.

[] [] [] [] [] [] [] []

SECTION V. Choice of Tuition Plans

Please select the type of plan or plans you wish to purchase. There is a lifetime maximum of 500 units per student beneficiary. You may choose to purchase units in a custom monthly payment plan, a lump sum purchase plan or in a combination of the two (the total number of units in both plans may not exceed 500). You may purchase as little as 1 unit (lump sum plan), and up to 500 units (either plan.) One hundred units will cover the cost of one academic year of tuition and mandatory service and activity fees at the highest priced public college or university in the state of Washington. For example, 100 units are equal to one year of tuition and fees at a Washington research university (UW/WSU). Approximately 78 units equal one year at a regional university (CWU/EWU/TESC/WWU). Approximately 45 units equal a year at community and technical colleges.

Choose your Plan: ☐ Custom Monthly Plan ☐ Lump Sum Plan ☐ Combined Custom Monthly/Lump Sum Plan (Complete both parts below.)

Custom Monthly Payment Plan A custom monthly payment plan allows you to purchase units in increments of 50 and to spread your payments out over one or more years. Interest is included in each payment. Select the number of tuition units you wish to purchase through a custom monthly payment plan (refer to brochure for help in determining your monthly payment):

☐ 50 Units ☐ 100 Units ☐ 150 Units ☐ 200 Units ☐ 250 Units ☐ 300 Units ☐ 350 Units ☐ 400 Units ☐ 450 Units ☐ 500 Units

Please select the payment duration and earliest Benefit Use Year below to determine your monthly payment amount.
(Confirm that the Benefit Use Year selected below is equal, or prior, to the Benefit Use Year selected in Section II on previous page.)

☐ 1 Year -Fall 2005
 ☐ 4 Years-Fall 2007
 ☐ 7 Years-Fall 2010
 ☐ 10 Years-Fall 2013
 ☐ 13 Years-Fall 2016
 ☐ 16 Years-Fall 2019
☐ 2 Years-Fall 2005
 ☐ 5 Years-Fall 2008
 ☐ 8 Years-Fall 2011
 ☐ 11 Years-Fall 2014
 ☐ 14 Years-Fall 2017
 ☐ 17 Years-Fall 2020
☐ 3 Years-Fall 2006
 ☐ 6 Years-Fall 2009
 ☐ 9 Years-Fall 2012
 ☐ 12 Years-Fall 2015
 ☐ 15 Years-Fall 2018
 ☐ 18 Years-Fall 2021

☐ Set up automatic monthly withdrawals from my bank account (ACH). Complete authorization form on next page.

☐ Optional down payment enclosed \$

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Note: An optional down payment will reduce the custom monthly payment due but must be included with this enrollment form.

Lump Sum Purchase Plan A lump sum purchase plan allows you to purchase from 1 – 500 units (\$52.00 - \$26,000.00) and does not include any interest, but requires that you pay for those units as you purchase them. You may purchase additional units at any time in the future at the unit price in effect at the time of purchase. State the number of units you wish to purchase at this time through a lump sum purchase plan. Minimum purchase of one unit required with enrollment.

Number of units purchasing: _____ @ \$52.00 per unit = \$_____

SECTION VI. Payment Information/Options

Make check or money order payable to GET. The non-refundable \$50 enrollment fee and any optional down payment must be sent with this form. Custom monthly payments will begin 60-90 days from receipt of enrollment form. Payment for lump sum unit purchases must be included with this form. (Minimum purchase of one unit is required). Please select your payment option(s) below and indicate if you are making a down payment. If you are purchasing both plan types, send only one \$50 enrollment fee per student.

☒ Enrollment Fee \$50 ☐ Check enclosed ☐ Pay enrollment fee by credit/debit card
(Provide credit/debit card information)

Credit/Debit Card information (For payment of enrollment fees only)

☐ Visa
 ☐ MasterCard
 ☐ Discover
 ☐ American Express

Month

Year

Credit Card Number

Expiration Date

I authorize GET to charge my \$50 enrollment fee to the above credit/debit card. I understand this fee is non-refundable.

Signature of Credit Card Holder _____
Date _____
.....

☒ **Amount to Remit**

\$50 Enrollment Fee (if not paid by credit card above) \$ _____

OPTIONAL Down Payment (For Custom Monthly Purchases only.) \$ _____

Lump Sum Units Being Purchased (\$52 x Number of Units Desired) \$ _____

Total Amount to Remit \$ _____

Check, cashier's check or money order must be enclosed for units purchased.
Make checks, cashier's checks and money orders payable to: Guaranteed Education Tuition or GET.

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☐ \$50 Enrollment Fee Included ☐ None

☐ Enrollment Fee on Credit Card,
Approval # _____

☐ Amount Enclosed for Units,
of Units _____

Amount Received \$ _____
Check # _____

☐ Down Payment Amount on
Custom Monthly Plan \$ _____
Check # _____

Is Enrollment Fee Waived (exceeds \$100 per family)
☐ Yes ☐ No

Related Enrollment Forms _____ of _____

SECTION VII. Signature

I hereby certify that the above information on this enrollment form is true and accurate to the best of my knowledge. I acknowledge that a penalty fee may apply for contract cancellation/termination. In signing below, I am agreeing to all terms and conditions of the Master Agreement which I have read and fully understand. I certify that the student is a resident of the State of Washington.

Signature of Purchaser or Legal Guardian _____ Date _____

Please print full name _____

SOCIAL SECURITY NUMBER (Or TAX ID #)

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SECTION VIII. Demographic Information

Optional Information: Answers to the questions in this section are optional, but will assist the Program in planning for future enrollment periods.

Age Range of Purchaser: ☐ Under 24 Years ☐ 25-34 Years ☐ 35-44 Years ☐ 45-54 Years ☐ 55-64 Years ☐ 65 Years or older

Student's relationship to Purchaser: ☐ Child ☐ Niece ☐ Grandchild ☐ Self ☐ Ward (Legal Guardian) ☐ Not Related/Friend ☐ Great Grandchild
☐ Nephew ☐ Other Relation

Gender of Purchaser: ☐ Male ☐ Female

Ethnicity of Purchaser: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Native American ☐ Other

Annual Family Income: ☐ Less than \$20,000 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999 ☐ \$40,000 - \$49,999 ☐ \$50,000 - \$79,999 ☐ \$80,000 - \$100,000
☐ Over \$100,000 ☐ Other

Education of Purchaser: ☐ High School Graduate/GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ PhD ☐ Other ☐ Unknown

How did you hear about the Program? ☐ Mail ☐ Employer ☐ Hospital ☐ Word of Mouth ☐ Library ☐ Web Site/Internet ☐ Radio ☐ TV ☐ Bank ☐ School ☐ Speech/Seminar/Workshop ☐ Presentation ☐ Newspaper ☐ Other

SECTION IX. Payroll Deduction

Currently, payroll deduction is available for only a limited number of employers. To find out if payroll deduction is available from your employer you can check the Program Web site at <http://www.get.wa.gov> or by contacting the Program office. Forms are available online for those employers currently offering payroll deduction to their employees. If your employer is listed and you would like to begin payroll deduction, complete the appropriate payroll deduction form and return it with this enrollment form. If your employer does not currently offer payroll deduction, complete the information below and GET would be glad to contact your employer and see if payroll deduction is an option.

EMPLOYER NAME

ADDRESS

Number and street

City _____ State ____ Zip _____

CONTACT

WORK TELEPHONE _____ EXT. _____

Four empty place value charts are provided for recording the number of tens and ones in each number. Each chart has a column for 'Tens' and a column for 'Ones'.

SECTION X. Automatic Cash Transfer Authorization

Please attach voided check or savings account deposit slip here
to allow automatic payment from your account.

ACH WITHDRAWAL AUTHORIZATION:

I hereby authorize the Guaranteed Education Tuition (GET) to initiate entries to my bank account indicated below and the bank indicated below to debit the same account. This authority is to remain in full force and effect until GET has received written notification from me of its termination in such time and such manner as to afford GET and the bank a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. In the event of unsuccessful debits, I understand that GET reserves the right to cancel this authorization and that GET will notify me in writing of such action. I also understand that it may take 30 to 60 days from receipt of request to set up my automatic contribution withdrawal and that GET will notify me in writing upon activation.

Please indicate the appropriate type of account: ☐ Checking ☐ Savings ☐ Other _____

Note: Enclose a voided check with your name and address preprinted on it or have the form below filled out and signed by your financial institution.

Automatic Payment Plan Agreement

Bank Account Holder's Signature _____ Date _____ Monthly Payment \$ _____

To be completed by your financial institution

Financial Institution _____ Phone # _____

City _____ State _____

Transit Routing Number _____ Account # _____

Officer Signature _____ Title _____ Date _____